

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0-83
Expires 1-30-2006

This report is mandatory under 29 U.S.C. 482 as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 435 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

File Number U 9815	2 Fiscal Year Covered From 1/1/04 Through 12/31/04
3 Name and address of person filing Name MICHAEL L. VAUGHN P.O. Box Bldg. Room No. if any PO Box 761 Street City PADUCAH State KY ZIP Code + 4 42002-0761	4 Name, file number and address of labor organization Name LABORERS LOCAL 1214 Labor Organization File Number 006072 P.O. Box Building and Room Number if any PO Box 761 Street City PADUCAH State KY ZIP Code + 4 42002-0761
5 Position in labor organization BUSINESS MANAGER / SECRETARY TREASURER	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P.O. Box Bldg. Room No. if any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction, or Income 7 b. Amount

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed **Michael L. Vaughn**

On **8-8-05**
Date

1-276-442-3434
Telephone Number

Name of Person Filing	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business

<p>8 Name and address of Business (including trade name if any)</p> <p>Name BEACON PROPERTIES</p> <p>Trade Name if any JACKSON HOUSE APARTMENTS W B SANDERS RETIREMENT CENTER</p> <p>P O Box Bldg Room No if any</p> <p>Street 1244 SOUTH FOURTH STREET</p> <p>City LOUISVILLE,</p> <p>State KY ZIP Code + 4 40203</p>	<p>c Business deals with</p> <p>a Labor Organization</p> <p>b Trust</p> <p>c Employer</p> <p>d BOARD member</p>
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<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name BEACON PROPERTIES</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 1244 SOUTH FOURTH STREET</p> <p>City LOUISVILLE</p> <p>State KY ZIP Code + 4 40203</p>	<p>11 a Nature of such dealing</p> <p>XMAS PARTY WHALERS CATCH DINNER \$40.00</p> <p>\$100 KY OAKS A MAIL GIAT</p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <p>12 b Amount</p>
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<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment.</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment.</p>